

OMR-CONC.-122  
REV. 7/98

GEORGIA DEPARTMENT OF TRANSPORTATION  
OFFICE OF MATERIALS AND RESEARCH  
FOREST PARK, GEORGIA

6201  
PRECAST/PRESTRESSED  
SHIPPING REPORT

Project No. \_\_\_\_\_ County \_\_\_\_\_

Date Shipped \_\_\_\_\_ Ticket No. \_\_\_\_\_

Type Unit Shipped:    PRESTRESSED (    )                      PRECAST (    )  
I Beams (    )    Box Beams (    )    Rect. Beams (    )    Bridge Slabs (    )    Bridge Caps (    )    Bridge Barriers (    )  
Piling (    )    Wall Panels (    )    Strain Poles (    )    SIPS (Deck Panels) (    )    Temp. Med. Barriers (    )  
Other \_\_\_\_\_

Produced By \_\_\_\_\_ Location (City) \_\_\_\_\_

Bridge No./Wall Location \_\_\_\_\_ GDOT or Company Stamp No. \_\_\_\_\_

Product Shipped To (Contractor) \_\_\_\_\_

QUANTITY	LENGTH	AREA	SIZE OR TYPE	DATE CAST	IDENTIFICATION NUMBERS	*STRENGTH
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

\* IF SHIPPED PRIOR TO 28 DAY ACCEPTANCE COMPRESSIVE STRENGTH, ENTER SHIPPING STRENGTH.

Remarks: \_\_\_\_\_

We, \_\_\_\_\_ hereby certify that all phases of construction and the materials used to fabricate the above listed units were in accordance with the Plans and the Specifications of the Georgia Department of Transportation.

\_\_\_\_\_  
Quality Control Supervisor

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Plant Manager

This the \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_

THIS SPACE TO BE FILLED IN BY OFFICE OF MATERIALS AND RESEARCH

Remarks: \_\_\_\_\_  
\_\_\_\_\_

Meets the requirements of Article \_\_\_\_\_

\_\_\_\_\_  
Technical Services Engineer/Technician